



We're here to help.

Contact our team or your broker for a quote.
We're available Monday through Friday, from 8:00 a.m. to 5:00 p.m

Phone: (406) 422-1008 | (855) 422-1008
Email: montanasales@pacificsource.com

PacificSource.com



2020 Dental Plans for
Montana Large Groups | 51+





Decide on Dental

Good dental health can lead to better overall health. You can pair our dental plans with the health plans you offer your employees, or select dental-only.

Freedom to see any dentist

Dental Choice plans give your employees the option to see any dentist they want. It's a high-value option for employees who place a priority on choice. Find dentists who are in our networks at **PacificSource.com/find-a-dentist**.

Give your employees a voluntary dental option

Not looking to offer a dental plan, but want to give your employees a dental option? Voluntary Dental may be just what you need.

With this option, your employees pay the full premium as if they were buying their own dental plan, but they get plan benefits that typically come with a dental plan that you might offer as an employer.

Voluntary dental is for groups with 10 or more enrolled employees. Please note these plans have special guidelines and requirements.

A downloadable brochure about voluntary dental is available at **PacificSource.com**.



2020 Montana | Large Group Dental Plans

	VOLUNTARY DENTAL ONLY				
	Dental Choice Plus 0-20-50 25-1000 or 0-20-50 25-1500 or 0-20-50 25-2000	Dental Choice Plus 0-20-50 50-1000 or 0-20-50 50-1500 or 0-20-50 50-2000	PacificSource Dental Defined	Dental Choice 0-20-50 25-1500	Dental Choice 0-20-50 50-1000 or 0-20-50 50-1500 or 0-20-50 50-2000
	No Network	No Network	No Network	No Network	No Network
	ANY PROVIDER	ANY PROVIDER	ANY PROVIDER	ANY PROVIDER	ANY PROVIDER
Annual Deductible Individual / Family	\$25 / \$75	\$50 / \$150	N/A	\$25 / \$75	\$50 / \$150
Annual Maximum Benefit Per person	\$1,000 or \$1,500 or \$2,000	\$1,000 or \$1,500 or \$2,000	\$1,000	\$1,500	\$1,000 or \$1,500 or \$2,000
	NO DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:
Class I Services	Covered in Full	Covered in Full	Scheduled plan with max amounts PacificSource will pay based on CDT code; see benefit summary for more info	Covered in Full	Covered in Full
	AFTER DEDUCTIBLE, MEMBER PAYS:	AFTER DEDUCTIBLE, MEMBER PAYS:	AFTER DEDUCTIBLE, MEMBER PAYS:	AFTER DEDUCTIBLE, MEMBER PAYS:	AFTER DEDUCTIBLE, MEMBER PAYS:
Class II Services	20%	20%	Scheduled plan with max amounts PacificSource will pay based on CDT code; see benefit summary for more info	20%	20%
Class III Services	50%	50%	Scheduled plan with max amounts PacificSource will pay based on CDT code; see benefit summary for more info	50%	50%
Exclusion Period Per person	None	None	None	Class III: 12 months	Class III: 12 months
Cosmetic Orthodontia*	Optional: \$1,000 or \$1,500 Lifetime Max	Optional: \$1,000 or \$1,500 Lifetime Max	Optional: \$1,000 or \$1,500 Lifetime Max	Optional: \$1,000 or \$1,500 Lifetime Max	Optional: \$1,000 or \$1,500 Lifetime Max

Plan names explained: **Choice**—Indemnity plans | **Plus**—No exclusion periods

* Additional eligibility requirements may apply.
This is a brief summary. Contact us at **montanasales@pacificsource.com** or search Montana Summary of Benefits at **PacificSource.com**.

What’s covered?

Here is a brief list of services and treatments most commonly asked about. For more details, search large group dental plans at **PacificSource.com**.

Class I: Preventive Services

- Exams and X-rays
- Three dental cleanings per year (prophylaxis or periodontal maintenance)
- Fluoride applications
- Sealant on bicuspids and permanent molars (kids through age 18 only)
- Brush biopsies

Class II: Basic Services

- Simple extractions
- Periodontal scaling and root planing and/or curettage
- Full mouth debridement
- Fillings
- Complicated oral surgery
- Endodontic (pulp therapy and root canal therapy)
- Periodontal surgery

Class III: Major Services

- Full, immediate, or overdentures
- Crowns and bridges

Cosmetic Orthodontia*

- \$1,000 or \$1,500 lifetime maximum options
- 16+ enrolled employees
- 12-month exclusion period applies to voluntary plans